

**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
MEETING HIGHLIGHTS
JULY 21 AND 22, 2005
SACRAMENTO, CALIFORNIA**

Planning Council Members Present

Beverly Abbott	Renee Becker	Jim Bellotti
Michael Borunda	Jim Broderick, PhD	Jorin Bukosky
Doreen Cease	Adrienne Cedro Hament	Lana Fraser
George Fry	Mike Greenlaw	Karen Hart
Joan Hirose	Celeste Hunter	Carmen Lee
Susan Mandel, PhD	Dale Mueller, EdD, RN	Jonathan Nibbio
Susan Nisenbaum	Brandon Nunes	Bettye Randle
Daphne Shaw	Joe Shimizu	Walter Shwe
Stephanie Thal, MFT	Edward Walker	Alice Washington
Barbara Yates, MD		

Staff Present

Ann Arneill-Py, PhD
Beverly Whitcomb
Brian Keefer
Cindy Walker
Connie Lira
Tracy Thompson
Nancy Stoltz
Jennifer Hays

Thursday, July 21, 2005

Ed Walker, Chairperson, noting that a quorum was present, convened the meeting at 1:05 p.m.

Presentation on MHSA Performance Measurement and Design

Stephanie Oprendeck, PhD, Chief of Performance Outcomes and Quality Improvement, Department of Mental Health (DMH), presented on the Mental Health Services Act (MHSA) Performance Measurement Conceptual Design. Dr. Oprendeck reported that the mental health system will need to be more accountable for the dollars it is receiving from the MHSA.

Questions and Answers

- Question: Does the DMH have a plan to reduce charting or documentation, which would improve quality of services? Answer: The DMH is moving towards an electronic health record. DMH is trying to establish that the data being collected is going to be extremely helpful in providing what the DMH needs to know about services. An electronic health record reduces the burden of documentation. All information would be entered into a database that can be aggregated and will tell a good statewide story.
- Question: How will reducing documentation help the clinician to be helpful to the line person in real time? Answer: The electronic health record will collect information that can

be used as a decision support tool so that information is available immediately to the clinician, case manager, and the person who is receiving services and supports. The DMH needs to establish the domains, how to measure them, and needs a commitment on the part of local providers and counties to move towards an electronic health record system in order to accomplish this.

- Question: How will evidence based practices (EBP) fit into the DMH's pyramid? Answer: The DMH needs to make sure EBP is implemented according to the model.

A concern was expressed that the State is doing more than it can actually deliver and will need to increase the diversity of the workforce to affect access under the MHSA.

Presentation and Discussion on the MHSA as a Vehicle for Implementation of Recommendations in the *California Mental Health Master Plan*

Bev Whitcomb presented an overview of the Planning Council's Mental Health Services Act Draft Theme Paper and using the MHSA as a vehicle for implementing the recommendations in the *California Mental Health Master Plan*. Whitcomb also discussed transformation as outlined in the six goals in the President's New Freedom Commission Report: Achieving the Promise: Transforming Mental Health Care in America (2002), and the six aims from the Institute of Medicine (IOM) Report: Crossing the Quality Chasm: A New Health System for the 21st Century (2001) and adapted by the State Quality Improvement Council. The following questions were posed to the Planning Council: 1) do you have changes to this paper; 2) do we need to develop an implementation plan for these recommendations; and 3) do you want to use the six aims as a framework for organizing *Master Plan* recommendations?

The Planning Council answered yes to the above three questions and provided the following comments and recommendations:

- Request that the DMH require counties to adopt an older adult system of care and include in their Community Services and Supports (CSS) Plans. Michael Borunda will deliver the message to Dr. Mayberg.
- Recommend taking the six IOM aims and create a crosswalk of how those aims relate to some of the data collected for AB 2034 and then any connection with the DMH's three levels of performance measurements reported by Stephanie Oprendeck.
- Include the need for social networks or social connectedness as an important part of healing and maintaining people's quality of life and care, which is under the auspices of recovery in the MHSA. The Planning Council agreed to refer this recommendation to the Policy and System Development Committee for specific language. Refer to the Department of Social Services' welfare redesign data as it relates to permanency and essential connections.
- Include suicide prevention under systems of care for children and youth. Suicide in children is the third leading cause of death in the country.
- Use the MHSA as a vehicle for possible future changes to the *California Mental Health Master Plan*.

Report from the Department of Mental Health Cultural Competency Advisory Committee – embedding cultural competency and eliminating disparities through the Mental Health Services Act

Rachel Guerrero, Chief, Multicultural Services, Department of Mental, provided information on the disparities in each component of the Mental Health Services Act. Jo Ann Johnson, LCSW, Cultural Competence/Ethnic Services Manager, Sacramento County Mental Health, reported on Sacramento County's multi-tier approach to including cultural competency in its local planning and implementation of the MHSA.

Questions and Answers:

- What are the standards that would reflect good penetration rates? Answer: DMH has not set those standards yet, but enough research exists to begin developing those standards.

Report from the California Mental Health Directors Association (CMHDA)

Pat Ryan, CMHDA, provided a summary of the activities of the CMHDA:

- The CMHDA is working hard on transformation. Two of the primary messages that came out of the stakeholder process included the need for housing and parents need help with childcare in order to access appropriate and culturally competent services.
- Most mental health directors expressed disappointment when the planning estimates were released as what had been represented to them as a modest increase of about 15 percent above current operating revenues for services really amounts to between a 5 and 10 percent increase.
- The directors and the CMHDA are struggling to keep up with the MHSA guidelines from DMH. The Executive Committee approved a new staff position at the CMHDA that will be devoted to the MHSA work.
- The mental health directors are very concerned with the IT requirements but realize the importance of tracking outcomes and services in order to show the public what it is getting for the dollars being spent.
- The CMHDA is still struggling to ensure continued funding for AB 3632, that Medi-Cal compliance does not completely overwhelm them, and that the rest of the mental health system continues to work on issues such as realignment revenues and Medi-Cal revenues that have not kept pace.

Report on 2005 Joint National Conference of Mental Health Block Grant and Mental Health Statistics: “Transforming Mental Health Care to Achieve Lasting Recovery”

Walter Shwe, provided a report from the Joint National Conference on Mental Health Block Grant and Mental Health Statistics that he attended in Arlington, Virginia. The theme of the conference was transformation, which was very timely for California. Shwe highlighted the following three topics from the conference:

- Cash and Counseling Initiative, which is being piloted in Arkansas, New Jersey, and Florida and is a new approach to delivering and funding personal assistance services for people with disabilities and is based on a consumer-directed planning model. Consumers receive an allowance based on a needs assessment plan.

- Georgia Certified Peer Specialist Program. SAMHSA will be issuing a toolkit on the peer specialist program.
- PacifiCare ALERT System and the title of the workshop was Optimizing Value, which explores the relationship between cost of treatment and outcome of care.

Approval of the Minutes of the April 2005 Meeting

Minutes of the April 2005 Planning Council meeting were approved as submitted with the following revision:

- During the discussion of the use of MHSA funds for involuntary services on page six of the April 2005 minutes, Joe Mortz made a point that the item was not properly posted on the agenda, and the Chair overruled that point of order. The minutes will be revised to reflect the correction.

Approval of the Executive Committee Report

The Planning Council approved the Executive Committee report as presented. Please refer to the minutes of the Executive Committee for further details.

The Planning Council approved the following motion made by Adrienne Cedro Hament:

- The Planning Council advises the Department of Mental Health to require counties to establish an older adult system of care in their Community Services and Supports Plans.

Ed Walker adjourned the meeting at 5:25 p.m.

Friday, July 22, 2005

Ed Walker, Chairperson, noting that a quorum was present, convened the meeting at 8:40 a.m.

Report from the California Association of Local Mental Health Boards and Commissions (CALMHBC)

Cary Martin, President, provided a report on the activities of the CALMHBC:

- The following officers were elected at the CALMHBC's July 17-18 meeting: Cary Martin, President; Eileen Lowry, Treasurer; Julie Krause, Secretary; James Fuller, Second Vice-President and; Dale Parent, First Vice-President.
- All committees are fully functioning. The CALMHBC expects in the near future to conclude revisions and updates to the training manual for mental health boards and commissions (MHBC), which will then be made available on the CALMHBC's website. The CALMHBC is planning some upgrades to its website.
- The CALMHBC adopted a proposal to sponsor one person from a non-paying dues county to attend a quarterly meeting
- The CALMHBC expressed appreciation to Sheila LaPolla and Stephen Mayberg, DMH, for the modest budget increase this fiscal year
- The MHBCs have many new members who are in need of basic training. Much of the basic trainings are being neglected in lieu of MHSA trainings.
- The California Institute for Mental Health (CIMH) has sponsored regional trainings on the MHSA, which many CALMHBC members have attended

- Forty counties are now paying dues to CALMHBC
- Current projects include basic training of members and reviewing the CALMHBC by-laws

Comments and Recommendations:

- A request was made that the CALMBHC report at future meetings about how local mental health boards see themselves in the implementation process of the MHSA in view of the Planning Council's statutory role to the CALMHBC.

Public Comment Period

Hank Lee, Sacramento County Mental Health Board

Mr. Lee referenced DMH Letter 05-04, Mental Health Services Act – Non-Supplantation and was glad to see language that if a county transfers up to 10 percent of realignment funding out of mental health, in accordance with the Welfare and Institutions Code, that documentation of compliance must be submitted to the DMH. Mr. Lee requested that the Planning Council suggest that the DMH review the Planning Council's recommendations from its 1999 Sub-Account Transfer Study and use those recommendations because counties are interpreting them differently.

- Ed Walker suggested bringing the study up to date, if necessary, and distribute to Planning Council members as new members have been appointed since the study was completed in 1999. Arneill-Py suggested that Planning Council leadership could review the study and remind the DMH of the methodology that has been recommended.

Susan Gallagher, Mental Health Association, Sacramento

Ms. Gallagher referred to the non-supplantation of mental health funds and stressed the importance of preserving realignment dollars for mental health and that counties should not be allowed to use those funds for programs other than mental health. Ms. Gallagher suggested that the Planning Council conduct a follow-up study and request stronger language from the DMH.

George Vizvary, Chair, Santa Clara County Mental Health Board

Mr. Vizvary's comments are included as Attachment 1.

Report from the Department of Mental Health

Stephen W. Mayberg, PhD, Director, Department of Mental Health, provided a report on the activities of the DMH.

• Budget Highlights:

- This year's mental health budget is \$3 billion without realignment and MHSA dollars, which is about \$2 billion combined. Next year, the total public mental health expenditures will be \$5 billion. Some of those dollars come from cost shifts. Funding that was previously in the Department of Corrections' budget for state hospital beds will now be directed to the DMH budget.
- EPSDT. Increase of \$61 million since the May Revise
- SAMHSA PATH Grant. Increase of \$300,000
- AB 3632. \$120 million in budget for FY 2004/05 and FY 2005/06. The budget language requires the Department to develop a proposal on how to resolve the issue and work with stakeholders, including the California Department of Education.

- Early Mental Health Initiative. \$120 million
- DMH continues to take cuts in headquarters. Over the last two and a half years DMH has had a 25 percent reduction in headquarters' budget
- Anticipate a \$6 billion deficit in FY 2006/07 budget
- **Mental Health Services Act Implementation**
 - The process continues to be dynamic, painful, and exciting. Stakeholders have been very helpful in shaping policy. Realistically, DMH will not get to the Education and Training component until next calendar year.
 - The first meeting of the Oversight and Accountability Commission (OAC) was held on 6/22/05. Interface is critical and will be addressed at the next meeting on 7/22/05. Initially, the OAC plans to meet more frequently and will then most likely fall into a quarterly meeting pattern.
 - The final draft of the Community Services and Supports Plan requirements will be released at the end of July.
- **National Issues**
 - A press event for the President's New Freedom Action Agenda was held in Washington. The action agenda models what is happening in California. The federal government sees the importance of interagency collaboration and governmental cooperation. They are going to push a national suicide prevention agenda and also focus on housing and workforce issues.
 - The federal government sponsored a Voices Award dinner in Los Angeles, which honored people who have worked to erase stigma about mental illness. Dr. Mayberg accepted an award on behalf of California. They acknowledged that the passage of Proposition 63 sent a strong message that mental illness and treatment are important to voters. Stephanie Welch received an award as a spokesperson for consumer advocates.
- **Federal Issues**
 - DMH is looking at the implementation of Part D of the Medicare Modernization Act that will have a tremendous impact on all persons in the system who are dual eligible.
 - The cuts in Medicaid next year are about \$11 billion
 - The need for integrated treatment plans at the local level is essential as situations exist, for example, where a child in the foster care system can have both a social services case manager and a mental health case manager and both are being paid partially with federal funds. The federal government performs audits and questions why the State is not coordinating services with one case manager. Having an integrated plan where one person is responsible for coordinating services is the goal of transformation.
- **Other Issues**
 - DMH and the Department of Alcohol and Drugs have signed a Memorandum of Understanding to work on co-occurring disorder protocols. Michael Borunda, DMH, has been instrumental in this effort.

- Coalinga State Hospital will be opening in September. Coalinga is the first state hospital to open in 60 years. The process has been very complicated. New protocols are needed. DMH needs to hire 1,600 new staff. Four-hundred staff are currently on board. Fifty beds have been designated for Department of Corrections' patients.
- The DMH is putting energy into its Information Technology capabilities. Some counties are two or three years behind in the submission of the client information system data. In the requirements for the MHSA outcomes and data are critical and DMH is considering not funding counties unless they can guarantee their data is current. One of the successes of AB 2034 has been the result of real time data.

- **Planning Council Appointments**

- Dr. Mayberg delayed making appointments to the Planning Council until appointments to the MHSAAC were made as some people applied for both entities.
- The stakeholder meetings generated interest from persons interested in applying for membership on the Planning Council, and the DMH received several applications. The goal is to make appointments in the next month or two paying close attention to issues of diversity, geography, and gender.

- **Comments/Questions and Answers**

- The Planning Council will send a letter to the DMH requesting the DMH to work with the Planning Council on integrating IT and Education and Training and what is necessary to utilize distance learning techniques. The Planning Council believes that the State should set up models that can be implemented at the county level based on county needs.
- The Department needs to reduce the number of county audits. Response: The State relies on Medi-Cal funding and must perform federally required audits, and the federal government delegates that responsibility to the State. The State must audit any mental health program that draws down federal dollars. Using other funds, such as Proposition 63 dollars, could reduce the number of county audits.
- Question: Because transformation offers another way of doing business, how will DMH address the fact that people at the local level do not qualify for mental health services due to lack of insurance? Answer: The DMH is looking at planning estimates methodology for mental health dollars. DMH's position is that a person's legal or insurance status is not the issue but rather a person's needs. DMH needs to look at cost-effective services and outcomes and provide those services even though they are not reimbursable.

Housing Development under the Mental Health Services Act

Jonathan C. Hunter, Program Director, Corporation for Supportive Housing, gave a presentation on affordable housing and mental health: partnering to create supportive housing. The Governor's Homeless Initiative, adopted in 2002, provides a bond of \$190 million for an affordable housing project. Other funding comes from the California Housing Finance Agency (CHFA). Also, under the MHSA \$40 million is available to create an initiative to serve chronic homelessness, specifically chronically mentally ill, and \$10 million for communities to design supportive housing for people homeless for a period of time, such as the Safe Haven Model.

The CHFA/Housing and Community Development (HCD)/DMH are working together on how to make those dollars available, which are expected to come out in late fall.

Comments

- Recommend looking at gender in the ethnicity data for AB 2034
- The State needs to focus on housing for extremely low income
- The DMH should include gender when looking at ethnicity data
- Consider including people in IMDs as being counted in homeless numbers as they do not have a home and need housing

Committee Action Items

The Older Adult Committee is requesting that the Human Resources Committee consider the Behavioral Health Consultant as a specialty profession.

The Planning Council approved the following motion from the Older Adult Committee:

- When the stakeholder process gets underway for the innovative program component that counties consider funding the integration of behavioral health and primary care

New Business

The following recommendations were made for possible topics at future meetings:

- Include discussion of a statewide anti-stigma campaign on the leadership agenda. Recommend Luis Garcia give a future presentation on stigma.
- Request information on Medicare Part D and how it affects mental health consumers
- The Department of Corrections' facilities in California are being put under federal receivership because of medical and mental health services. Request that the Planning Council look at unmet needs for mental health services for this population.
- Criminalization of mental illness and lack of access to treatment among all age groups. This issue will be included on the leadership agenda.

The meeting was adjourned at 12:30 p.m.

Respectfully submitted,

Cindy Walker
Associate Mental Health Specialist